U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 OTHER THAN CLAIMS AS FILED - PART I OR SMALL ENTITY SMALL ENTITY (Column 1) (Column 2) FOR NUMBER FILED NUMBER EXTRA RATE FEE RATE FEE BASIC FEE (37 CFR 1.16(a)) OR TOTAL CLAIMS (37 CFR 1.16(c)) minus 20 = OR INDEPENDENT CLAIMS (37 CFR 1.16(b)) minus 3 = OR MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) = OR \* If the difference in column 1 is less than zero, enter \*0\* in column 2. TOTAL OR TOTAL CLAIMS AS AMENDED - PART II OTHER THAN OR (Column 1) (Column 2) (Column 3) SMALL ENTITY SMALL ENTITY CLAIMS HIGHEST PRESENT REMAINING NUMBER RATE ADDL RATE ADDI-ENT **EXTRA** TIONAL AFTIER. **PREVIOUSLY** TIONAL MENDMENT **PAID FOR** FEE FEE Total (37 CFR 1.16(c)) NDM Minus 12 35 25-300 OR Independent (37 CFR 1.16(b)) Minus W x \$ /00 200 OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST  $\mathbf{\omega}$ PRESENT REMAINING NUMBER RATE ADDI-RATE ADDI-**AFTER** PREVIOUSLY **EXTRA** TIONAL TIONAL AMENDMENT PAID FOR FEE FEE Total (37 CFR 1.16(c)) Minus ENDM OR X \$ Independent (37 CFR 1.16(b)) Minus OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR = TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 2) (Column 1) (Column 3) CLAIMS HIGHEST PRESENT REMAINING NUMBER RATE ADDI-RATE ADDL ENT **AFTER PREVIOUSLY EXTRA** TIONAL TIONAL AMENDMENT PAID FOR FEE FEE Total (37 CFR 1.16(c)) Minus **AMENDM** OR X S Minus X S OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10/748,114

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			9				ſ	RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	ОЯ	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			9 minus 20=		• ø			X\$ 9=		OR	X\$18=	$\Omega$	
INDEPENDENT CLAIMS			v minus 3 =		Ø			X43=		OR	X86=		
MULTIPLE DEPENDENT CLAIM PRESENT								+145=		OR	+290=	7	
* If the difference in column 1 is less than zero, enter "0" in column 2						olumn 2	Į	TOTAL		OR	TOTAL	770	
12 2 29/03 (Column 1) (Column 2) (Column 3)							SMALL ENTITY C			OR	OTHER THAN OR SMALL ENTITY		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	EST BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
TOW	Total	. 9	Minus	*	20	= —	١	X\$ 9=		OR	X\$18=		
ME	Independent	. 2	Minus	***	3	= -		X43=		OR	X86=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=		
4/19/04 (Column 1) (Column 2) (Column 3)								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
AMENDMENT B		(Column 1) _ CLAIMS	1	HIGH		COMMINITO	ſ		ADDI-			ADDI-	
		REMAINING AFTER AMENDMENT		NUM PRÉVK PAID	DUSLY	PRESENT EXTRA	ı	RATE	TIONAL	- •	RATE	TIONAL FEE	
	Total	*   /	Minus		30	=		X\$ 9=		OR	X\$18=		
MEN	Independent	. 2	Minus	***	3			X43=		OR	X86=		
٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT				CLAIM			+145=		OR	+290=		
								TOTAL			TOTAL	<u>-</u>	
(c) $(c)$								ADDIT. FEE		OR	ADDIT. FEE	L	
	eleti	(Coldina I)		(Colu		(Column 3)							
AMENDMENT C	•	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		PATE.	ADDI- TIONAL FEE	
	Total	. 23	Minus	** 2	0	= 3		X\$ 9=	2700	OR	X\$18=		
ME	Independent	. 4	Minus	***	3			X43=		OR	X86=		
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						ı	+145=			+290=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290=	<b> </b>	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."													
***	if the "Highest Nu The "Highest Num	imber Previously P nber Previously Pa	aid For IN THI id For (Total o	S SPACE r Independ	is less tha lent) is the	in 3, enter "3." highest numbe	r fou	and in the app	propriate bo	x in co	olumn 1		
												COMMERCE	